

STATE OF UTAH
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT
RETIREMENT WORKSHEET

December 10, 2001

Section I Employee Information

Employee Name: _____	SS#: _____
Employee's Birth Date: _____	Retirement Date: _____
Employee's Spouse: _____	Spouse's Birth Date: _____
Retirement Age: _____	Last Day Actually Worked: _____
Last Day Paid (<i>See Instructions</i>): _____	Date of Final Check (<i>See instructions</i>): _____
Agency/Dept: _____	Division: _____
Agency: _____ Low Org: _____	Distribution: _____

Section II Annual Leave, Excess Hours, Compensatory Time

_____ Unused excess hours to be **cashed** out

_____ Unused compensatory hours to be **cashed** out (*Applicable only to FLSA non-exempt employees*)

_____ Unused annual leave hours (may be cashed out in lump sum or transferred to 401(k) plan)

_____ Total hours to be distributed multiplied by \$ _____ (hourly rate) = \$ _____

\$ _____ Amount to be transferred to 401k (from annual leave balance only)
*Maximum pre-tax amount an employee can contribute to a 401(k) plan is \$11,000 in 2002.
Contact the Utah Retirement Systems for the maximum amount allowed in future years*

\$ _____ Amount to be cashed out in lump sum payment

Section III Sick Leave and Converted Sick Leave Calculations

Part I

Unused Sick Leave (*Cash out is optional*)

_____ Total hours at retirement

(_____) Subtract hours to be cashed out (*up to 25% of total unused hours*).

Calculate the dollar amount to be distributed and specify how this distribution is to be made.

Hours x \$ _____ (hourly rate) = \$ _____

\$ _____ Amount to be transferred to 401k
*Maximum pre-tax amount an employee can contribute to a 401(k) plan is \$11,000 in 2002.
Contact the Utah Retirement Systems for the maximum amount allowed in future years*

\$ _____ Amount to be cashed out in lump sum payment

(480) Subtract standard deduction *If your unused sick balance is less than 480 hours the State of Utah still provides up to 5 years coverage. The life insurance provided is the basic \$25,000. The dates of state-paid coverage will be:*

Beginning Date: _____ *Ending Date:* _____

_____ Total hours in Part I available *after* cash out and standard deduction

Part II**Unused Converted Sick Leave** (*Cash out is optional*)

_____ Total hours at retirement

(_____) Subtract hours to be cashed out (*up to 100% of total unused hours*)

Hours x \$_____ (hourly rate) = \$_____

_____ Total hours in Part II available after cash out

_____ **Total hours available from Parts I and II to purchase health/life insurance and/or a Medicare supplement**

Section IV Continuation of Current Health/Life Insurance Coverage

*Eight hours of unused sick leave or converted sick leave equals 1 month of **current** plan coverage. See instructions for further explanation.*

(_____) Hours used for current plan coverage Beginning Date: _____ Ending Date: _____

(_____) Hours Used for Spouse Beginning Date: _____ Ending Date: _____
This entry should be used when a younger spouse will need coverage between the time the retired employee reaches age 65 and the spouse will reach age 65

_____ Total Remaining Hours

Section V Medicare Supplement (*Complete applicable fields*)

*Eight hours **per person** of unused sick leave or converted sick leave equals 1 month of coverage. See instructions for further explanation.*

(_____) Hours Used For Retiree Beginning Date: _____ Ending Date: _____

(_____) Hours Used For Spouse Beginning Date: _____ Ending Date: _____

_____ Hours of unused sick leave remaining. *If not zero, see instructions for further information.*

I have reviewed this worksheet and understand the figures shown. I understand that this is a preliminary process and an adjustment may occur in the final audit and review.

Name of Person Completing Form (Print)

Date

Phone Number

Signature of Person Completing Form

Date

Applicant Signature

Date

Phone Number

Authorized Agency Officer Signature

Date